

## CLAIMS ONLY

Application Number  
10/063979

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6	/			/		
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49						
50						
Total Indep	4		3			
Total Depend	4		14			
Total Claims	8		17			